

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000003715

1. Corporation Name

USCI INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

C/O BOND, SCHOENECK & KING, P.A.
4001 TAMiami TRAIL NORTH, STE. 404
NAPLES FL 34103

3300 BLOOR ST. WEST, STE. 600
TORONTO, ONTARIO M8X2X2

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2020 WINSTON PARK DRIVE.

Suite, Apt. #, etc.

SUITE 300.

City & State

OAKVILLE, ONTARIO

Zip

Country

Zip

Country

L6H 6X7 CANADA

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/2000

5. FEI Number

applied for

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	POCKLINGTON, STEVEN	3300 BLOOR ST. WEST, STE. 600 18 RAYMAR PLACE	TORONTO ONTARIO M8X2X2 OAKVILLE ONTARIO L6J6M1
D	HIBBARD, RALPH	809 PINE CREEK LANE	NAPLES FL 34108

600004717556--1
-12/10/01--01116--015
****150.00 ****150.00

01432 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OWENS, WILLIAM L.
C/O BOND, SCHOENECK & KING, P.A.
4001-TAMiami-TRAIL-NORTH, STE-404
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William L. Owens

Date

11/21/01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

STEVEN POCKLINGTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 13/01 1-800-561-8238
Date Daytime Phone #